

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kuakini Home	CHAPTER 100.1
Address: 347 North Kuakini Street, Honolulu, Hawaii 96817	Inspection Date: November 17, 2021 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	NO DEFICIENCIES	NOT APPLICABLE (NA)	NA